

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

Alishea Simes, as parent and natural guardian
of Julian Simes; and Veronica Jones, as parent
and natural guardian of Christopher Jones,

Case No. 04-4831 (JRT/FLN)

Plaintiffs,

vs.

PETITION FOR
APPROVAL OF MINOR
SETTLEMENTS

Paul Ford, Candice Beaudette, Thaddeus Schmidt,
Ron Lehner and Jeff Whitbeck, all in their
individual capacities as police officers of the
City of St. Paul; and the City of St. Paul,

Defendants.

Pursuant to Rule 145 of the Minnesota Rules of Practice – District Courts, petitioners Alishea Simes, as parent and natural guardian of Julian Simes, and Veronica Jones, as parent and natural guardian of Christopher Jones (“petitioners”), state and allege as follows:

1. Julian Simes’ (“Julian”) date of birth is June 19, 1992. Julian resides with petitioner Alishea Simes at 346 East Magnolia Street, St. Paul, Minnesota 55101.
2. Christopher Jones’ (“Christopher”) date of birth is November 28, 1990. Christopher resides with petitioner Veronica Jones at 527 Tedesco Street, St. Paul, Minnesota 55101.
3. These claims arise out of an incident occurring in St. Paul, Minnesota on November 21, 2003.
4. On November 21, 2003, members of the St. Paul Police Department apprehended Julian and Christopher. Both boys were suspected of being involved in an armed robbery. Both boys were released without being booked or charged with any crimes.
5. Julian and Christopher sought medical treatment at the Children’s Hospital Emergency Room on November 21, 2003. (See Medical Records at Exhibit A). Christopher was treated for wrist pain as a result of being handcuffed by St. Paul police officers and Julian was

treated for a contusion on the side of his face as a result of being struck by an officer. Other than this visit to Children's Hospital, neither boy has sought any medical or psychological treatment as a result of the November 21, 2003, incident.

6. On behalf of Julian and Christopher, petitioners retained Eric Hageman, Andrew Noel and Flynn, Gaskins & Bennett, L.L.P., to represent us on a contingent fee basis with the prosecution of Fourth Amendment claims relating to the boys' arrest and the police officers' use of force. (See Retainer Agreements at Exhibit B). The above lawsuit was subsequently filed.

7. We understand that the City of St. Paul, on its own behalf and on behalf of the defendant police officers, has agreed to pay Julian and Christopher each \$5,000 in full settlement of their claims related to the incident of November 21, 2003.

8. We also understand that the City of St. Paul, on its own behalf and on behalf of the defendant police officers, has agreed to pay a portion of Flynn, Gaskins & Bennett, L.L.P. attorneys' fees and costs (separately recoverable under 42 U.S.C. § 1988) it incurred in this lawsuit. Our attorneys have explained that Flynn, Gaskins & Bennett, L.L.P. has incurred \$30,674.94 in attorneys' fees and costs in connection with this lawsuit. Flynn, Gaskins, & Bennett, L.L.P. has agreed to accept \$20,000 from the City of St. Paul as payment for attorneys' fees and costs.

9. We understand that Julian and Christopher's physical injuries were temporary in nature and that the amount of attorneys' fees and costs (separately recoverable under 42 U.S.C. § 1988) would have likely exceeded the damages awarded to petitioners if the case proceeded to trial.

10. We understand that neither Julian nor Christopher will have any attorneys' fees or costs deducted from their individual recoveries of \$5,000 each.

11. Petitioner Alishea Simes believes that \$5,000 for Julian Simes is fair, reasonable and just.

12. Petitioner Veronica Jones believes that \$5,000 for Christopher Jones is fair, reasonable and just.

13. There is no collateral source nor any derivative or individual claim being asserted. There have been no subrogation rights asserted by any party.

14. Petitioners hereby request that \$5,000 be distributed for the benefit of Julian Simes and that \$5,000 be distributed for the benefit of Christopher Jones, to be invested in accordance with Minn. Stat. §540.08, in "securities issued by the United States, which shall be deposited pursuant to the order of the court or . . . in a savings account, savings certificate of deposit or share certificate in a bank, savings association, trust company, credit union which either depositor or beneficiary is a member."

WHEREFORE, petitioners pray for an Order of the court approving the settlement of the claims of Julian Simes and Christopher Jones for the total sum of \$30,000, which includes \$20,000 in attorneys' fees and costs and \$5,000 to both Julian Simes and Christopher Jones and authorizing petitioners to execute a release to that effect.

Dated this 11 day of November, 2005.

Alishea Simes
Alishea Simes

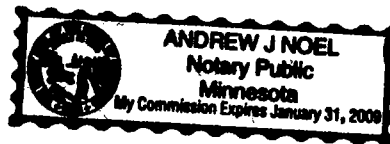
VERIFICATION

Alishea Simes, being first duly sworn on oath, deposes and states that she is the petitioner above-named, that she has read the foregoing petition, knows the contents thereof, and states that the same is true and correct, to the best of her knowledge, information and belief.

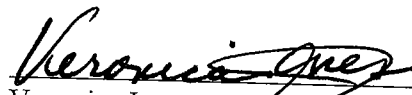
Alishea Simes
Alishea Simes

Subscribed and sworn to before me
this 11 day of November, 2005.

[Signature]
Notary Public




Dated this 11 day of November, 2005.

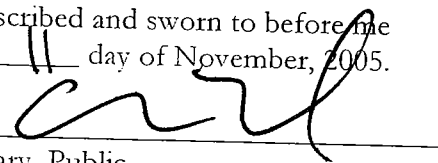

Veronica Jones

VERIFICATION

Veronica Jones, being first duly sworn on oath, deposes and states that she is the petitioner above-named, that she has read the foregoing petition, knows the contents thereof, and states that the same is true and correct, to the best of her knowledge, information and belief.


Veronica Jones

Subscribed and sworn to before me
this 11 day of November, 2005.


Notary Public

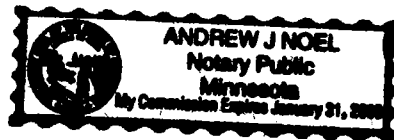


EXHIBIT A

MRN: 1300101
DOB: 11-28-90
GENDER: M
Street, Kellee A
Historic Stp MRN: 300101s

ACCT: 1000190711
DOS: 11/21/03
Emergency Dept
ED-S

EMERGENCY DEPARTMENT RECORD

ROOM #

TRIAGE TIME: 2115 ACUTY: ☐ RSP ☒ Non-Urgent ☐ Urgent
☐ Acute ☐ Emergent

MODE OF ARRIVAL/INFORMANT: ☒ Parent ☐ Self ☐ Ambulance ☐ Other

T 367 ☐ R ☒ Or 84 ☐ Ax ☐ P 16 ☐ R ☐ BP 131/65 ☐ Interpreter

AGE 12 ☒ M ☐ F PRIMARY MD/CLINIC Dr. John Kellee

Chief Complaint: wrist pain General Appearance: ☐ Attentive - normal for age/dev ☐ Easily consoled ☐ Inconsolable ☐ Other

Triage Note: wrist pain from handcuffs. assault by police

Pain Screening: ☒ Yes ☐ No Pain Intensity: ☐ Faces ☒ 0-10 6 ☐ FLACC

Pain Quality (location, frequency, duration, aggravating/relieving factors):

Allergies: ☒ NKA ☐ Drug ☐ Food ☐ Environment ☐ Latex

Exposures: ☒ None ☐ TB ☐ Chicken Pox ☐ Other

Isolation: ☐ Special Airborne ☐ Airborne ☐ Droplet ☐ Contact ☐ Protective MDRO: ☒ No ☐ Yes

Immunizations: ☒ UTD

PMH: ADHD

Current Medications: Concerta

Triage Interventions: ☐ Ice ☐ Splint ☐ Elevate ☐ Dressing ☐ Guideline(s) initiated - see orders ☐ Herbals

☐ NPO Instruction Last food: Fluid: Breast milk:

History/Focused Assessment of Chief Complaint
Time 2200 Pt. reports while police handcuffed of causing pain in wrists. CMS intact, full ROM. Injury occurred @ 1900 today

Triage Signature: (Plager)

RESPIRATORY Not Assessed <input checked="" type="checkbox"/> <input type="checkbox"/> Cough <input type="checkbox"/> Congestion <input type="checkbox"/> Normal effort <input type="checkbox"/> Nasal flaring <input type="checkbox"/> Retractions <input type="checkbox"/> Stridor <input type="checkbox"/> Exp. grunting Lung Sounds: R L Clear <input type="checkbox"/> <input type="checkbox"/> Crackle/rales <input type="checkbox"/> <input type="checkbox"/> Rhonchi <input type="checkbox"/> <input type="checkbox"/> Wheezing I/E <input type="checkbox"/> <input type="checkbox"/> Diminished <input type="checkbox"/> <input type="checkbox"/> Aeration: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor <input type="checkbox"/> Peak Flow <u> </u> Ht. <u> </u>	CIRCULATORY Not Assessed <input checked="" type="checkbox"/> Color: <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Mottled <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundiced Pulses: <input type="checkbox"/> Normal <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Cap Refill/Extremity: <input type="checkbox"/> Normal < 2-3 seconds <input type="checkbox"/> Delayed <u> </u> seconds <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic	FLUID BALANCE Not Assessed <input checked="" type="checkbox"/> Skin Turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Decreased Edema: <input type="checkbox"/> Present <input type="checkbox"/> Absent Mucous Membranes: <input type="checkbox"/> Moist <input type="checkbox"/> Sticky <input type="checkbox"/> Dry Tears: <input type="checkbox"/> Present <input type="checkbox"/> Absent Sunken eyes Last UOP: <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Orthostatic BPs	GI/GU Not Assessed <input checked="" type="checkbox"/> Abd: <input type="checkbox"/> Soft/flat <input type="checkbox"/> Firm <input type="checkbox"/> Distended BS: <input type="checkbox"/> Present <input type="checkbox"/> Absent Last BM <u> </u> Genito/Urinary: <input type="checkbox"/> Flank pain <input type="checkbox"/> Vag disch <input type="checkbox"/> Burning <input type="checkbox"/> Vag bleed <input type="checkbox"/> Urgency <input type="checkbox"/> LMP <input type="checkbox"/> Frequency <input type="checkbox"/> Pregnant <input type="checkbox"/> Hematuria
SKIN/WOUND/MUSCULOSKELETAL Not Assessed <input checked="" type="checkbox"/> <input type="checkbox"/> Skin intact <input type="checkbox"/> No swelling/deformity Site: <input type="checkbox"/> Rash <input type="checkbox"/> Contusion <input type="checkbox"/> Lesions <input type="checkbox"/> Avulsion <input type="checkbox"/> Abrasion <input type="checkbox"/> Swelling <input type="checkbox"/> Puncture <input type="checkbox"/> Deformity <input type="checkbox"/> Laceration <u> </u> cm <input type="checkbox"/> Burn CMS Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No Impaired ROM: <input type="checkbox"/> Yes <input type="checkbox"/> No	NEURO/DEVELOPMENT Not Assessed <input checked="" type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U <input type="checkbox"/> HA <input type="checkbox"/> Vomiting x <u> </u> PERRL: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Photo phobia Symmetry Upper: <input type="checkbox"/> Yes <input type="checkbox"/> No Symmetry Lower: <input type="checkbox"/> Yes <input type="checkbox"/> No OFC <u> </u> Fontanel <u> </u>	EENT Not Assessed <input checked="" type="checkbox"/> Eye: <input type="checkbox"/> Redness <input type="checkbox"/> Drainage <input type="checkbox"/> Itching <input type="checkbox"/> Trauma <input type="checkbox"/> Visual chg <input type="checkbox"/> V.A.: OD <u> </u> OS <u> </u> Ear: <input type="checkbox"/> Drainage <input type="checkbox"/> Drooling <input type="checkbox"/> Bleeding <input type="checkbox"/> Throat	MENTAL HEALTH Not Assessed <input checked="" type="checkbox"/> <input type="checkbox"/> See mood/physiological note above Behavior Needs: <input type="checkbox"/> Deescalation <input type="checkbox"/> 1:1 monitoring - see order <input type="checkbox"/> Restraint - see flow sheet Suicide Precautions: <input type="checkbox"/> 1:1 monitoring - see order <input type="checkbox"/> Safe room <input type="checkbox"/> Belongings secured - list <input type="checkbox"/> Gown/pajama <input type="checkbox"/> Parent/visitor instructed

RN Signature: (J. Plager)

☐ Old Records Reviewed
☒ Nursing Notes Reviewed

MRN: 1300101
DOB: 11-28-90
GENDER: M
Street, Kellee A
Historic STP MRN: 300101s

ACCT: 1000190711
DOS: 11/21/03
Emergency Dept
ED-S

PROVIDER ASSESSMENTS

HISTORY OF PRESENT ILLNESS Red van + 4 Squad chased pt + 2 friends while at P. Christopher reached for wallet. told a lot of police to stand to beat up step brother. had gun to his face. punched him in back. wrists released from hand cuffs. Police returned to mom's house to give back wallet. Incident report made.

Constitutional ☒ ☐

Constitutional ☒ ☐

Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
------	-------------------------------------	--------------------------

ENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
-----	-------------------------------------	--------------------------

CV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
----	-------------------------------------	--------------------------

Resp	<input checked="" type="checkbox"/>	<input type="checkbox"/>
------	-------------------------------------	--------------------------

GI ☒ ☐

GU ☒ ☐

Musculo ☐ ☒ See Above

Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
------	-------------------------------------	--------------------------

Neuro	7	+
-------	---	---

Psych ☐ - ☐ +

Endo - +

Hem/Lymph	-	+
-----------	---	---

ALL/mm	-	+
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☐ Complete ROS otherwise negative

PAST MEDICAL/FAMILY/SOCIAL HISTORY

lives w/ parents sister + brother 7th grade
asthma allergies uses albuterol

EXAMINATION NARRATIVE

Appearance Alert, NAD


Hydration	mmmm
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HEENT OF clear This w/ (8)

Neck Supply 1 WAD

Chest back tender to palpation below R scapula.

Lungs CA (b)

Heart 

Abdomen Soft NT/ND 0 ttrn 0 masses

Genitalia

Extremities red raised linear marks on L & R wrists, tender on marks. wrist: "4/12/20"

Skin/Lymph

Neuro A + D x3 on marks. wrist - w/ Rom
Spine @ focal deficits strength + sensation.

Spine

TIME

ADDITIONAL PROVIDER/ATTENDING/PROCEDURE NOTE

discussed w/ MCR - stated not child abuse
- should file complaint w/ police

See Residents note for details. I saw + evaluated the ph. and agree
w/ the Residents findings + plan to write up

Notified and discussed with Primary MD.

Notified and discussed with Consulting MD

by

by

ACCT: 1000190711
DOC: 11-10-1988

DOS: 11/21/03

Emergency Dept

ED-S

ED-S

ORDERS: LABS AND X-RAYS

[illegible][illegible]

Diagnosis possible assault

Discharge Plan/Instruction

Therapeutischer Prozess, Ziel

☐ SSU observation for

☐ MD instruct/parent signature for understanding

Disposition: Time 0135 ☒ Discharge ☐ Admitted to

See other records: ☐ Sedation ☐ Pre-Op ☐ Frequent VS ☐ Laceration Repair ☐ Transferred to

By _____

☐ Sedation ☐ Pre-Op ☐ Frequent VS ☐ Laceration Repair ☐ Restraint ☐ Transfer ☐ Other _____

☐ Transferred to _____

SIGNATURES **INIT.** **SIGNATURES** **INIT.**

SIGNATURES

INT.

SIGNATURES

INIT

MEDICAL STUDENT

RESIDENT

EXAMINING PROVIDER(S)

Condition on discharge: ☒ Stable ☐ Other

Children's
HOSPITALS AND CLINICS

2 of 3

SIMES, JULIAN CORDELL

MRN: 1501555

DOB: 06-19-92

GENDER: M

Street, Kellee A

Historic StP MRN: 501555s

ACCT: 1000190710

DOS: 11/21/03

Emergency Dept

ED-S

EMERGENCY DEPARTMENT RECORD

ROOM #

10

TRIAGE TIME: 2106

ACUITY: ☐ RSP ☒ Non-Urgent ☐ Urgent
☐ Acute ☐ Emergent

MODE OF ARRIVAL/INFORMANT:

☐ Parent ☐ Self ☐ Ambulance☒ Other *guardian* ☐ Interpreter

PATIENT NAME:

AGE

☐ M☐ F

PRIMARY MD/CLINIC

36 ⁶/₁₀ ¹⁸/₉₆

18

BP 140/69

☒ Calm☐ Crying☐ UncooperativeO₂ SAT

WT

53.8

(kg)

"Chief Complaint" *assault*General Appearance: ☐ Attentive - normal for age/dev ☐ Easily consoled ☐ Inconsolable ☐ OtherTriage Note *pt states he kicked in head by police - sh edema noted by RN age*Pain Screening: ☒ Yes ☐ NoPain Intensity: ☐ Faces☒ 0-10 *8*☐ FLACCPain Quality (location, frequency, duration, aggravating/relieving factors) *head*Allergies: ☒ NKA ☐ Drug☐ FoodExposures: ☒ None ☐ TB ☐ Chicken Pox ☐ Other☒ Environment *pollen/dust* ☐ LatexIsolation: ☐ Special Airborne ☐ Airborne ☐ Droplet ☐ Contact ☐ ProtectiveMDRO: ☒ No ☐ YesImmunizations: ☒ UTIDPMH: *none*Current Medications *none*Triage Interventions: ☐ Ice ☐ Splint ☐ Elevate ☐ Dressing ☐ Guideline(s) initiated - see orders☐ Herbs☐ NPO Instruction Last food

Fluid

Breast milk

Triage Signature *Player*

History/Focused Assessment of Chief Complaint

Time *2200* *pt was stopped by police running away from an undercover vehicle. pt states - SPPD punched him on the side of face causing a bruise and swelling. injury occurred at 1915.*

RESPIRATORY

Not Assessed ☒☐ Cough☐ Congestion☒ Normal effort☐ Nasal flaring☐ Retractions☐ Stridor☐ Exp. gruntingLung Sounds: *R L*Clear ☐ ☐Crackle/rales ☐ ☐Rhonchi ☐ ☐Wheezing I/E ☐ ☐Diminished ☐ ☐Aeration: ☐ good ☐ fair ☐ poor☐ Peak Flow *Ht.*

CIRCULATORY

Not Assessed ☒

Color:

☐ Pink☐ Pale☐ Mottled☐ Cyanotic☐ Jaundiced

Pulses:

☐ Normal☐ Bounding☐ Weak☐ Absent

Cap Refill/Extremity:

☐ Normal < 2-3 seconds☐ Delayed *seconds*☐ Warm☐ Cool☐ Diaphoretic

FLUID BALANCE

Not Assessed ☒

Skin Turgor:

☐ Normal ☐ DecreasedEdema: ☐ Present ☐ Absent

Mucous Membranes:

☐ Moist ☐ Sticky ☐ DryTears: ☐ Present ☐ Absent☐ Sunken eyes

Last UOP

☐ Vomiting☐ Diarrhea☐ Orthostatic BPs

GI/GU

Not Assessed ☒

Abd:

☐ Soft/flat ☐ Firm ☐ DistendedBS: ☐ Present ☐ Absent

Last BM

Genito/Urinary:

☐ Flank pain ☐ Vag disch☐ Burning ☐ Vag bleed☐ Urgency ☐ LMP☐ Frequency ☐ Pregnant☐ Hematuria

SKIN/WOUND/MUSCULOSKELETAL

Not Assessed ☒☐ Skin intact☐ No swelling/deformity

Site

☐ Rash☐ Contusion☐ Lesions☐ Avulsion☐ Abrasion☐ Swelling☐ Puncture☐ Deformity☐ Laceration *cm*☐ BurnCMS Intact: ☐ Yes ☐ NoImpaired ROM: ☐ Yes ☐ No

NEURO/DEVELOPMENT

Not Assessed ☒☐ A ☐ V ☐ P ☐ U☐ HA ☐ Vomiting xPERRL: ☐ Yes ☐ No☐ Photo phobiaSymmetry Upper: ☐ Yes ☐ NoSymmetry Lower: ☐ Yes ☐ No

OFC

Fontanel

EENT

Not Assessed ☒

Eye:

☐ Redness *R L*☐ Drainage ☐ ☐☐ Itching ☐ ☐☐ Trauma ☐ ☐☐ Visual chg ☐ ☐

V.A.: OD OS

Ear: *R L*☐ Drainage ☐ ☐

Throat

☐ Drooling ☐ Bleeding ☐

MENTAL HEALTH

Not Assessed ☒☐ See mood/physiological note above

Behavior Needs:

☐ Deescalation☐ 1:1 monitoring - see order☐ Restraint - see flow sheet

Suicide Precautions:

☐ 1:1 monitoring - see order☐ Safe room☐ Belongings secured - list☐ Gown/pajama☐ Parent/visitor instructedInitial Nursing Interventions: ☐ Pulse Ox ☐ Cardiac monitor ☐ Guidelines - see orders, ☐ OtherPsychosocial: ☐ No concerns noted ☐ Interpreter ☐ Social Worker ☐ DV ☐ MCRC ☐ OtherNote *ERD to see*RN Signature *J. Olsen RN*

C30713 (11/03)

EMERGENCY DEPARTMENT RECORD

EMERGENCY DEPARTMENT RECORD

SIMES, JULIAN CORDELL

MRN: 1501555
DOB: 06-19-92
GENDER: M
Street, Kellee A
Historic SIP MRN: 501555s

ACCT: 1000190710
DOS: 11/21/03
Emergency Dept
ED-S

TIME

☐ Old Records Reviewed
☒ Nursing Notes Reviewed

HISTORY OF PRESENT ILLNESS

Started chasing - playing in park. Left park + unmarked van
put hands "way behind my back" for "started beating on me" appeared
punching in head, legs, back. 4-5 officers
has headache in area where hit

REVIEW OF SYSTEMS

Constitutional <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GI <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Psych <input type="checkbox"/> <input checked="" type="checkbox"/> "glare" mentally per patient
Eyes <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GU <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Endo <input type="checkbox"/> <input checked="" type="checkbox"/>
ENT <input type="checkbox"/> <input checked="" type="checkbox"/> see above	Musculo <input type="checkbox"/> <input checked="" type="checkbox"/> back pain - used to be	Hem/Lymph <input type="checkbox"/> <input checked="" type="checkbox"/>
CV <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Skin <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	ALL/Imm <input type="checkbox"/> <input checked="" type="checkbox"/>
Resp <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Neuro <input type="checkbox"/> <input checked="" type="checkbox"/> frightened	<input type="checkbox"/> Complete ROS otherwise negative

PAST MEDICAL/FAMILY/SOCIAL HISTORY

Seasonal all Flu/Flu. lives w/ mom. Coughs a lot

Appearance alert, a bit anxious
Hydration normal
HEENT (1) above eye brow swelling + abrasion quite tender
Neck Supple (2) Pupils equal and reactive, EOMs
Chest
Lungs CTAB
Heart RR 100/min w/ S1, S2
Abdomen Soft NT/ND. Normal
Genitalia
Extremities warm + well perfused
Skin/Lymph (1) rash or lesions
Neuro A + O x 5, after adults left room seemed to anxious.
Spine (1) focal deficits

dismissed w/ MRC - said this is not
a child abuse case. Should file
report with police (different precinct)

See Residents note for details. I saw + examined the pt + agree w/ Residents
findings + plan as waiting

Notified and discussed with Primary MD

Notified and discussed with Consulting MD

by

by

EMERGENCY DEPARTMENT RECORD

SIMES, JULIAN CORDELL

MRN: 1501555

DOB: 06-19-92

GENDER: M

Street, Kellee A

Historic STP MRN: 501555s

ACCT: 1000190710

DOS: 11/21/03

Emergency Dept

ED-S

PATIENT NAME:

ORDERS: LABS AND X-RAYS

CBC/Diff

BC

Profile 7

SSCF/R Strep

U/A U/C/Hold

LP Set

POCT Glucose:

NI Range: 0-1 mo 60-90

> 1 mo 60-105

> 12y 70-110

CXR

AXR

CT

X-ray:

ECG:

ORDERS: INTERVENTIONS/PROCEDURES/MEDICATIONS

RESPONSE

2330 312

Ibuprofen 100mg po x 1000 PS

☐ 1:1 monitoring

2335

STP POLICE UNABLE TO
COME INTO ED TO FILE A
REPORT AND ADMIT REQUEST.

DISCHARGE:

D/C'd

IV FLUID TOTAL:

Diagnosis

assaulted by police, left with injury

Discharge Plan/Instruction

Social work involved
police arrived to make report

Ibuprofen for pain, TCE

☐ SSU observation for

☐ MD instruct/parent signature for understanding

☐ Admission ☐ Dictation or Patient Progress Record

Disposition: Time 0135 ☐ Discharge ☐ Admitted to

By

☐ Transferred to

See other records: ☐ Sedation ☐ Pre-Op ☐ Frequent VS ☐ Laceration Repair ☐ Restraint ☐ Transfer ☐ Other

SIGNATURES

INIT.

SIGNATURES

INIT.

MEDICAL STUDENT

RESIDENT

EXAMINING PROVIDER(S)

Condition on discharge: ☒ Stable ☐ Other

C30713 (10/03)

EMERGENCY DEPARTMENT RECORD

EXHIBIT B

RETAINER AGREEMENT

I, Alisha Simes, as parent and natural guardian of my minor son, Julian, hereby retain and employ Eric Hageman and Flynn, Gaskins & Bennett, L.L.P., to represent me in the handling, presentation and settlement of any and all claims which I may have as a result of damages Julian sustained in a violation of the Federal Civil Rights Act or under applicable state law occurring on or about November 21, in the City of St. Paul, County of Ramsey, State of Minnesota, and to institute any and all litigation necessary in connection therewith, and to supervise and generally handle the same, and do hereby agree to pay a legal fee in the amount of forty percent (40%) of the gross recovery, if any, in a single cash payment, whether as a result of settlement or trial or the amount awarded by the court under 42 U.S.C. §1988 after the trial or settlement, whichever is greater. "Gross recovery" includes any award of or agreement on compensatory damages plus any award or agreement on punitive damages, plus any award of or agreement on costs, including reasonable attorneys' fees under 42 U.S.C. §1988.

In the event a structured settlement is entered into providing for deferred periodic payments as to my claim, the structured settlement may also provide for periodic payment of fees to the attorneys over such period of time as periodic payments are made to me, or at the option of the attorneys, the payments may be paid over a period of three years or less or in a single lump sum. The fees of the attorneys shall be based upon the actual cost of such negotiated structured settlement or the net present value of a settlement, to the extent that the actual cost or net present value is ascertainable.

I understand that my attorneys will investigate my claim, and if at any time thereafter, it does not appear to have merit, then my attorneys shall have the right to terminate this agreement. It is further understood and agreed that I shall pay, upon any recovery hereunder, all out-of-pocket costs involved in the prosecution of this claim, such as court costs, costs of litigation, expert witnesses, depositions and the like, and that such costs will be in addition to the legal fees set forth above.

All medical expenses and medical charges of any kind relating to this claim are not litigation costs and will be paid by me or my insurers. In the event of a recovery, I agree that my attorneys may pay any of these bills from my share of the recovery to the extent they are outstanding. Should I recover nothing, it is understood that my attorneys are not bound to pay any of these medical bills.

If no recovery is obtained, no fees shall be payable to my attorneys. My attorneys, in their discretion, may withdraw at any time from the case if investigation discloses no insurance coverage or no assets or no liability of any of the defendants. Associate counsel may be employed at the discretion and expense of my attorneys.

I hereby authorize my attorneys to turn over all information including doctors' reports, etc., and any and all photographs to the insurance companies of any of the defendants.

No promise or representation has been made by my attorneys as to the outcome of the claim or litigation, or as to what amounts, if any, I may be entitled to recover in this case.

No settlement in this claim shall be made without my prior consent.

This Fee Agreement shall be binding upon my heirs, assigns, successors, executors and legal representatives and will supersede any prior Fee Agreement.

Dated this 16 day of January, 2004.

Alisha Simes
Alisha Simes, as parent and natural guardian of Julian
Simes

RETAINER AGREEMENT

I, Veronica Jones, as parent and natural guardian of my minor son, Christopher, hereby retain and employ Eric Hageman and Flynn, Gaskins & Bennett, L.L.P., to represent me in the handling, presentation and settlement of any and all claims which I may have as a result of damages Christopher sustained in a violation of the Federal Civil Rights Act or under applicable state law occurring on or about November 21, in the City of St. Paul, County of Ramsey, State of Minnesota, and to institute any and all litigation necessary in connection therewith, and to supervise and generally handle the same, and do hereby agree to pay a legal fee in the amount of forty percent (40%) of the gross recovery, if any, in a single cash payment, whether as a result of settlement or trial or the amount awarded by the court under 42 U.S.C. §1988 after the trial or settlement, whichever is greater. "Gross recovery" includes any award of or agreement on compensatory damages plus any award or agreement on punitive damages, plus any award of or agreement on costs, including reasonable attorneys' fees under 42 U.S.C. §1988.

In the event a structured settlement is entered into providing for deferred periodic payments as to my claim, the structured settlement may also provide for periodic payment of fees to the attorneys over such period of time as periodic payments are made to me, or at the option of the attorneys, the payments may be paid over a period of three years or less or in a single lump sum. The fees of the attorneys shall be based upon the actual cost of such negotiated structured settlement or the net present value of a settlement, to the extent that the actual cost or net present value is ascertainable.

I understand that my attorneys will investigate my claim, and if at any time thereafter, it does not appear to have merit, then my attorneys shall have the right to terminate this agreement. It is further understood and agreed that I shall pay, upon any recovery hereunder, all out-of-pocket costs involved in the prosecution of this claim, such as court costs, costs of litigation, expert witnesses, depositions and the like, and that such costs will be in addition to the legal fees set forth above.

All medical expenses and medical charges of any kind relating to this claim are not litigation costs and will be paid by me or my insurers. In the event of a recovery, I agree that my attorneys may pay any of these bills from my share of the recovery to the extent they are outstanding. Should I recover nothing, it is understood that my attorneys are not bound to pay any of these medical bills.

If no recovery is obtained, no fees shall be payable to my attorneys. My attorneys, in their discretion, may withdraw at any time from the case if investigation discloses no insurance coverage or no assets or no liability of any of the defendants. Associate counsel may be employed at the discretion and expense of my attorneys.

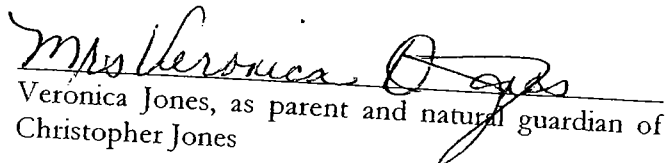
I hereby authorize my attorneys to turn over all information including doctors' reports, etc., and any and all photographs to the insurance companies of any of the defendants.

No promise or representation has been made by my attorneys as to the outcome of the claim or litigation, or as to what amounts, if any, I may be entitled to recover in this case.

No settlement in this claim shall be made without my prior consent.

This Fee Agreement shall be binding upon my heirs, assigns, successors, executors and legal representatives and will supersede any prior Fee Agreement.

Dated this ¹⁴~~10~~ day of December, 2003.


Veronica Jones, as parent and natural guardian of
Christopher Jones